



SAVEFIRST

Kevin Kent – Campus Fellow Training Exercise

Kevin Kent and Mary Bryant were married, full time residents of *[your state]*. Unfortunately, Mary passed away on December 12 of the tax year. Kevin isn't sure how he should file his return this year.

Kevin and Mary have a daughter, Yvonne, who is a full time student classified as a freshman at a local community college. She has never been convicted of a felony.

Kevin's granddaughter, Terri, lived with Kevin and Mary full time. They provide 100% of the support for both Yvonne and Terri.

Penny Bryant, Mary's older sister, is totally and permanently disabled and lived with the Kents all year and was fully supported by them.

If there is a refund, Kevin wants it to be deposited directly into their checking account. Kevin provides you a personal check with the account information on it.





| | | |
|---------------------------------------|---|-------------------------|
| Form 13614-C (October 2014) | Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet | OMB Number 1545-1964 |
|---------------------------------------|---|-------------------------|

You will need:

- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

• Please complete pages 1-3 of this form.
 • You are responsible for the information on your return. Please provide complete and accurate information.
 • If you have questions, please ask the IRS certified volunteer preparer.

Part I – Your Personal Information

| | | | |
|---|--------------------------|---------------------|---|
| 1. Your first name Kevin | M.I. R | Last name Kent | Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Your spouse's first name Mary | M.I. B | Last name Bryant | Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Mailing address 8705 Somersby Way | Apt # | City Your City | State Your State |
| 4. Telephone number(s) (555) 555-5555 | Email address (optional) | | |

5. Your Date of Birth
07/28/1941

6. Your job title
Clerk

7. Last year, were you:
 a. Full time student Yes No
 b. Totally and permanently disabled Yes No c. Legally blind Yes No

8. Your spouse's Date of Birth
01/15/1951

9. Your spouse's job title
Deceased 12/12/2014

10. Last year, was your spouse:
 a. Full time student Yes No
 b. Totally and permanently disabled Yes No c. Legally blind Yes No

11. Can anyone claim you or your spouse on their tax return? Yes No Unsure

12. Have you or your spouse:
 a. Been a victim of identity theft? Yes No
 b. Adopted a child? Yes No

Part II – Marital Status and Household Information

1. As of December 31 of last year,
 were you:
 Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
 Married
 Divorced or Legally Separated Date of final decree or separate maintenance agreement _____
 Widowed Year of spouse's death 2014

2. List the names below of:
 • **everyone** who lived with you last year (other than you or your spouse)
 • **anyone** you supported but did not live with you last year

If additional space is needed check here and list on page 3

| Name (first, last) Do not enter your name or spouse's name below | Date of Birth (mm/dd/yy) | Relationship to you (for example: son, daughter, parent, none, etc) | Number of months lived in your home last year | US Citizen (yes/no) | Resident of US, Canada, or Mexico last year (yes/no) | Single or Married as of 12/31/14 (S/M) | Full-time Student last year (yes/no) | Totally and Permanently Disabled (yes/no) | To be completed by a Certified Volunteer Preparer | | | | |
|--|--------------------------|---|---|---------------------|--|--|--------------------------------------|---|---|--|---|--|--|
| | | | | | | | | | Can this person be claimed by someone else as a dependent on their return? (yes/no) | Did this person provide more than 50% of their own support? (yes/no) | Did this person have less than \$3950 of income? (yes/no) | Did the taxpayer(s) provide more than 50% of support for this person? (yes/no) | |
| (a) Terri Thomas | (b) 05/08/09 | (c) Grandchild | (d) 12 | (e) Yes | (f) Yes | (g) S | (h) No | (i) No | | | | | |
| Yvonne Kent | 03/13/91 | Daughter | 12 | Yes | Yes | S | Yes | No | | | | | |
| Penny Bryant | 03/17/49 | Sister | 12 | Yes | Yes | S | No | Yes | | | | | |

**Volunteers are trained to provide high quality service and uphold the highest ethical standards.
 To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205**

www.irs.gov
Form 13614-C (Rev. 10-2014)

Yes No Unsure Check appropriate box for each question in each section

Part III - Income - Last Year, Did You (or Your Spouse) Receive

Table with 15 rows of questions regarding income sources like Wages, Tip Income, Scholarships, Dividends, Interest, Refund of state/local income taxes, Alimony, Self-Employment income, Cash/check payments, Income from sale of Stocks, Bonds or Real Estate, Disability income, Distribution from Pensions, Annuities, and/or IRA, Unemployment compensation, Social Security or Railroad Retirement Benefits, Income from Rental Property, and Other income.

Part IV - Expenses - Last Year, Did You (or Your Spouse) Pay

Table with 11 rows of questions regarding expenses like Alimony, Contributions to a retirement account, Post secondary educational expenses, Unreimbursed employee business expenses, Medical expenses, Home mortgage interest, Real estate taxes, Charitable contributions, Child or dependent care expenses, Expenses used as an eligible educator, and Expenses related to self-employment income.

Part V - Life Events - Last Year, Did You (or Your Spouse)

Table with 10 rows of questions regarding life events like Health Savings Account, mortgage or credit card cancellation, foreclosure, Earned Income Credit disallowance, energy-efficient home items, natural disaster, First Time Homebuyers Credit, student loan interest, estimated tax payments, and federal return containing a capital loss carryover.



Part VIII – IRS Certified Volunteer Quality Reviewer Section

Review the tax return with the taxpayer to ensure:

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- The volunteer return preparer/quality reviewer are certified to prepare/review this return and return is within scope of the program.
- All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- The information on pages one through three was correctly addressed and transferred to the return.
- Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- Filing status was verified and correct.
- Personal and Dependency Exemptions are entered correctly on the return.
- All Income (including income with or without source documents) checked "yes" in part III was correctly transferred to the tax return.
- Adjustments are correct.
- Standard, Additional or Itemized Deductions are correct.
- All credits are correctly reported.
- All Affordable Care Act information is reported correctly
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- Direct Deposit/Debit and checking/saving account numbers are correct.
- SIDN is correct on the return.
- The taxpayer(s) was advised that they are responsible for the information on their return.

Certified Volunteer Preparer's name/initials (optional)

Certified Volunteer Quality Reviewer's name/initials (optional)

Additional Tax Preparer notes

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Catalog Number 52121E

www.irs.gov

Form 13614-C (Rev. 10-2014)





Affordable Care Act Intake/Interview & Quality Review Sheet

• If you have questions about completing this form, please ask the IRS certified volunteer preparer

Your first name: Kevin M.I. R Last Name: Kent

Part I – Healthcare.gov

1. Did you purchase health insurance from www.healthcare.gov (Health Insurance Marketplace Statement)? Yes No Unsure (Intermediate if yes)

2. Did you receive a Form 1095-A (Health Insurance Marketplace Statement)? Yes No Unsure (Intermediate if yes)

Form 1095-A Health Insurance Marketplace Statement OMB No. 1545-2232

Department of the Treasury Internal Revenue Service

Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a. CORRECTED **2014**

Part I Recipient information

1. Marketplace identifier _____ 2. Marketplace-assigned policy number _____ 3. Policy issuer's name _____

To be completed by a Certified Volunteer Preparer:
If yes, does the taxpayer qualify for a premium tax credit? Use Publication 4012 to determine. Yes No
Explain: _____

Part II – Health Insurance

1. Did you have one of the following health insurance plans? Check all that apply to your household:

| Employer Sponsored Coverage | List members of household covered by each plan | List months of 2014 covered by plan |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Employee Coverage (including self-insured plans) (Basic) | Mary | March - December |
| <input type="checkbox"/> COBRA coverage (Basic) | | |
| <input type="checkbox"/> Retiree coverage (Basic) | | |
| Individual Health Coverage | | |
| <input checked="" type="checkbox"/> Health insurance purchased through www.healthcare.gov (Health Insurance Marketplace) (Basic) | Penny | May - December |
| <input type="checkbox"/> Health insurance you purchased from an insurance company directly (Basic) | | |
| <input checked="" type="checkbox"/> Health insurance provided through a student health plan (Basic) | Yvonne | All months |
| Coverage Under Government-Sponsored Programs | | |
| <input checked="" type="checkbox"/> Medicare Part A (Basic) | Kevin | All months |
| <input type="checkbox"/> Medicare Advantage plans (Basic) | | |
| <input checked="" type="checkbox"/> CHIP programs, including ALL Kids (AL) or CoverKids (TN) (Basic) | Terri | All months |
| <input type="checkbox"/> TRICARE coverage (Intermediate – see note on Pub 4012 ACA-4) | | |
| <input type="checkbox"/> Comprehensive health care programs offered by the Department of Veterans Affairs (Basic) | | |
| <input type="checkbox"/> State high-risk health insurance pools (Intermediate – see note on Pub 4012 ACA-4) | | |
| <input type="checkbox"/> Health coverage provided to Peace Corps volunteers (Basic) | | |
| <input type="checkbox"/> Department of Defense Nonappropriated Fund Health Benefits Program (Basic) | | |
| <input type="checkbox"/> Refugee Medical Assistance (Basic) | | |
| <input type="checkbox"/> Medicaid coverage (AL) or TennCare (TN) coverage (Basic, unless one of the following is checked) | | |

If you had Medicaid coverage, did you have one of the following?

- Medicaid providing only family planning service (Intermediate)
- Medicaid providing only tuberculosis-related services (Intermediate)
- Medicaid providing only coverage for the medically needy (Intermediate)
- Section 1115 Medicaid demonstration projects (Intermediate)

Part III – Household Information

1. Were all members of your household covered by one of the health insurance plans listed above for some part of each month of 2014? Yes No Unsure **(Basic if checked Yes)**
2. If you or a member of your household did not have one of the health insurance plans listed above, were you or your household covered by another plan? Yes No Unsure **(Intermediate)**
If yes, list health insurance plan _____

To be completed by a Certified Volunteer Preparer:

If answer to question 1 or 2 above is "No" or "Unsure," does the taxpayer or member of household qualify for a coverage exemption from the Shared Responsibility Payment? Use Publication 4012 to determine. Yes No Explain _____

Certified Volunteer Preparer: Use the information in Parts I, II, and III above to complete the healthcare coverage chart on Form 13614-C, Part VI

Part IV – IRS Certified Volunteer Quality Reviewer Section – Federal Return

1. If the taxpayer is Head of Household, did s/he pay more than 1/2 the costs of keeping up the home? Yes No
2. If the taxpayer is Head of Household and married, did s/he live apart from spouse for the last six months of the year? Yes No
3. Was the taxpayer a dependent of anyone else (If Yes, check the box in the Interview section indicating such and verify they aren't receiving a personal exemption) Yes No
4. Was Publication 4012 used to verify all dependency exemptions? Yes No
5. If taxpayer received a 1099-MISC with an amount in box 7, was the form correctly reported on a Sch C or Sch C-EZ? Yes No
6. If taxpayer had self-employment income reported on a Sch C or Sch C-EZ, is there a loss OR do expenses exceed \$10,000? (If Yes, this return is out of scope for VITA) Yes No
7. If taxpayer has a 1099-R, is the distribution from a Defined Benefits retirement plan? (Verify by consulting list in Site Coordinator Handbook, calling the plan administrator, asking for a "Summary Plan Description" from the taxpayer, calling the Alabama Dept. of Revenue, or calling the IRS) Yes No
8. If taxpayer has education expenses (including tuition and fees reported on a 1098-T), were the amounts correctly reported as either an education credit or tuition and fees adjustment? Yes No
9. Did the taxpayer, spouse, and each dependent have minimum essential coverage for every month of the year? If Yes, was the box reporting full-year coverage checked on Form 1040, line 61? Yes No
10. If the taxpayer, spouse, or dependent(s) did not have minimum essential coverage all year, were they eligible for a coverage exemption? Yes No
11. If the taxpayer, spouse, or dependent(s) were not eligible for a coverage exemption, was a shared responsibility payment calculated on 1040 Wkt 8? Yes No
12. If the taxpayer purchased health coverage from healthcare.gov (Health Insurance Marketplace), did taxpayer qualify for a premium tax credit? Yes No

Part IV – IRS Certified Volunteer Quality Reviewer Section – Alabama Return

1. Is the taxpayer required to file an Alabama return? If no, explain: _____ Yes No
2. If the taxpayer has dependents, did the taxpayer provide more than 50% of the dependent's total support AND were they related to the taxpayer in one of the relationships found in **Instructions for AL-40, Chart B?** Yes No
3. If taxpayer is head of family, was s/he unmarried or legally separated as of 12/31/2014? Yes No
4. If taxpayer is head of family, did s/he pay more than half the costs of keeping up the home for the year and have a qualifying person as defined in **Instructions for AL-40, Chart D** living in the home for more than 1/2 the year? Yes No
5. If the taxpayer has a tax liability (listed on line 29), did the taxpayer have any qualifying itemizable deductions (Items entered on Sch A will transfer to the AL A) Yes No
6. Were all sources of income from the Form 1040 listed on the Alabama return in the Income Section, lines 1-8, or the Other Income Section, lines 1-9? If No, verify this income is listed on the AL-40, Part IV, line 5 (Social Security Benefits, Unemployment Compensation, Defined Benefits, etc.). Yes No

Certified Volunteer Preparer's name _____

Certified Volunteer Quality Reviewer's name _____



Wages (Line 7)

Mary was a schoolteacher and Kevin is a clerk. They both received W-2s.

| | | | | | | | |
|---|----------------------------|--|---------------------|--|---------------------|---|--|
| a Employee's social security number xxx-xx-0196 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | |  Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 25-6666666 | | 1 Wages, tips, other compensation \$12,283.00 | | 2 Federal income tax withheld \$1228.00 | | | |
| c Employer's name, address, and ZIP code Petroleum Oil & Gas 624 Jefferson Ave Memphis, TN 38112 | | 3 Social security wages \$15,003.00 | | 4 Social security tax withheld \$630.13 | | | |
| | | 5 Medicare wages and tips \$15,003.00 | | 6 Medicare tax withheld \$217.54 | | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| d Control number | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial Last name Suff. Kevin R. Kent 8705 Somersby Way City, State, Zip | | 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | | |
| | | 14 Other | | 12c | | | |
| | | | | 12d | | | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| YS | 21-5555555 | \$12,283.00 | \$935.76 | | | | |

Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service

| | | | | | | | |
|--|----------------------------|---|---------------------|---|---------------------|---|--|
| a Employee's social security number xxx-xx-0196 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | |  Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 25-5555555 | | 1 Wages, tips, other compensation \$9456.34 | | 2 Federal income tax withheld \$945.63 | | | |
| c Employer's name, address, and ZIP code Jefferson County School District 125 7th Ave N Birmingham, AL 35203 | | 3 Social security wages \$9456.34 | | 4 Social security tax withheld \$397.17 | | | |
| | | 5 Medicare wages and tips \$9456.34 | | 6 Medicare tax withheld \$137.12 | | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| d Control number | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial Last name Suff. Mary B. Bryant 8705 Somersby Way City, State, Zip | | 11 Nonqualified plans | | 12a See instructions for box 12 DD \$564.58 | | | |
| | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | 12b | | | |
| | | 14 Other | | 12c | | | |
| | | | | 12d | | | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| YS | 21-6555555 | \$9456.34 | \$574.50 | | | | |

Form **W-2** Wage and Tax Statement **2014** Department of the Treasury—Internal Revenue Service



Interest (Line 8)

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | Payer's RTN (optional) | OMB No. 1545-0112 | | | |
|---|--|---|---|---|--|-----------------------------|
| Derby Federal Credit Union 431 Investment Row Louisville, KY 40202 | | | 2014 Interest Income Form 1099-INT | | | |
| PAYER'S federal identification number 25-7777777 | | RECIPIENT'S identification number xxx-xx-0196 | | | | |
| RECIPIENT'S name Kevin R. Kent Street address (including apt. no.) 8705 Somersby Way City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 1 Interest income \$ 238.00 | 2 Early withdrawal penalty \$ 23.80 | Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. | | |
| Account number (see instructions) | | 3 Interest on U.S. Savings Bonds and Treas. obligations \$ | 4 Federal income tax withheld \$ | | | 5 Investment expenses \$ |
| | | 6 Foreign tax paid \$ 34.72 | 7 Foreign country or U.S. possession | | | 8 Tax-exempt interest \$ |
| | | 9 Specified private activity bond interest \$ | 10 Market discount \$ | | | 11 Bond premium \$ |
| | | 12 Tax-exempt bond CUSIP no. | 13 State | | | 14 State identification no. |

Form **1099-INT** (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

Taxable Refunds (Line 10)

Kevin and Mary itemized deductions last year and received a \$208 tax refund from the state. Their taxable income for last year was \$49,859. Their total itemized deductions were \$13,250. The amount of state income taxes was \$2,998. The amount of state sales tax that was paid was \$689.00

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | 1 Unemployment compensation | | OMB No. 1545-0120 | |
|--|--|---|------------------------------|--|--|
| State Department of Revenue 501 Main Street City, State, Zip | | \$ | | 2014 Certain Government Payments Form 1099-G | |
| PAYER'S federal identification number 25-9999999 | | 2 State or local income tax refunds, credits, or offsets \$ 208.00 | | | |
| RECIPIENT'S name Kevin R. Kent / Mary B. Bryant Street address (including apt. no.) 8705 Somersby Way City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 3 Box 2 amount is for tax year | | 4 Federal income tax withheld \$ | |
| Account number (see instructions) | | 5 RTAA payments \$ | | 6 Taxable grants \$ | |
| | | 7 Agriculture payments \$ | | 8 If checked, box 2 is trade or business income <input type="checkbox"/> | |
| | | 9 Market gain \$ | | 11 State income tax withheld \$ | |
| | | 10a State | 10b State identification no. | | |

Form **1099-G** (keep for your records) www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service



IRA Distributions (Line 15)

| <input type="checkbox"/> CORRECTED (if checked) | | OMB No. 1545-0119 | | Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | |
|---|--|---|---|--|---|--|---|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Peoples Trust Company P.O. Box 254 Indianapolis, IN 46204 | | 1 Gross distribution \$ 628.00 | 2014 | | 2014 Form 1099-R | | Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service. | |
| | | 2a Taxable amount \$ 628.00 | | | | | | |
| PAYER'S federal identification number 26-2222222 | | RECIPIENT'S identification number xxx-xx-0196 | | 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | | |
| RECIPIENT'S name Kevin R. Kent | | RECIPIENT'S address (including apt. no.) 8705 Somersby Way | | 5 Employee contributions /Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | | |
| City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 7 Distribution code(s) 7 | IRA/SEP/SIMPLE <input checked="" type="checkbox"/> | 8 Other \$ % | 9a Your percentage of total distribution % | | 9b Total employee contributions \$ | |
| 10 Amount allocable to IRR within 5 years \$ | 11 1st year of desig. Roth contrib. | 12 State tax withheld \$ | | 13 State/Payer's state no. | | 14 State distribution \$ | | |
| Account number (see instructions) | | 15 Local tax withheld \$ | | 16 Name of locality | | 17 Local distribution \$ | | |

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

Kevin did a direct transfer of his traditional IRA from Yale Security IRA to Merrill Lynch. He received Form 1099-R below.

| <input type="checkbox"/> CORRECTED (if checked) | | OMB No. 1545-0119 | | Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | |
|--|--|---|---|--|---|--|---|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Yale Security IPA P.O. Box 2537 Indianapolis, IN 46204 | | 1 Gross distribution \$ 8,649.00 | 2014 | | 2014 Form 1099-R | | Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service. | |
| | | 2a Taxable amount \$ | | | | | | |
| PAYER'S federal identification number 26-3333333 | | RECIPIENT'S identification number xxx-xx-0196 | | 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | | |
| RECIPIENT'S name Kevin R. Kent | | RECIPIENT'S address (including apt. no.) 8705 Somersby Way | | 5 Employee contributions /Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | | |
| City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 7 Distribution code(s) G | IRA/SEP/SIMPLE <input checked="" type="checkbox"/> | 8 Other \$ % | 9a Your percentage of total distribution % | | 9b Total employee contributions \$ | |
| 10 Amount allocable to IRR within 5 years \$ | 11 1st year of desig. Roth contrib. | 12 State tax withheld \$ | | 13 State/Payer's state no. | | 14 State distribution \$ | | |
| Account number (see instructions) | | 15 Local tax withheld \$ | | 16 Name of locality | | 17 Local distribution \$ | | |

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service



Pensions and Annuities (Line 16)

Kevin was injured at his job for 5 months this year. He received distributions from his pension while recovering. He has not reached retirement age for his pension plan.

| <input type="checkbox"/> CORRECTED (if checked) | | OMB No. 1545-0119 | | 2014 | Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
|--|--|---|---|------------------------------------|--|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Alpine Pension Fund 7568 Peachtree Street Indianapolis, IN 46204 | | 1 Gross distribution \$ 12,743.00 | | | | |
| | | 2a Taxable amount \$ 12,743.00 | Total distribution <input type="checkbox"/> | | | |
| PAYER'S federal identification number 26-4444444 | RECIPIENT'S identification number xxx-xx-0196 | 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ 1,274.30 | | Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service. | |
| RECIPIENT'S name Kevin R. Kent | | 5 Employee contributions / Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | | |
| Street address (including apt. no.) 8705 Somersby Way | | 7 Distribution code(s) 3 | 8 Other \$ % | | | |
| City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 9a Your percentage of total distribution % | 9b Total employee contributions \$ | | | |
| 10 Amount allocable to IRR within 5 years \$ | 11 1st year of desig. Roth contrib. | 12 State tax withheld \$ | 13 State/Payer's state no. | 14 State distribution \$ | | |
| Account number (see instructions) | | 15 Local tax withheld \$ | 16 Name of locality | 17 Local distribution \$ | | |

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

Kevin is also receiving pension from a previous job working for the state.

| PAID BY | OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P.O. BOX 45 BOYERS, PA 15017-0045 | STATEMENT OF ANNUITY PAID Copy B - File with Federal Tax return | 2014 | OMB No. 1563-0119 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
|--|---|--|--|---|
| Form CSA 1099R (Rev. 1/2014) This information is being furnished to the Department of Treasury - Internal Revenue Service | PAYER'S Federal Identification 16-5555555 | Recipient's ID No. (Annuitant) xxx-xx-0196 | Account number (Retirement Claim No.) CSA 541207692 | 1. Gross distribution \$1,295.00 |
| | 5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums | PAID TO Kevin R. Kent 8705 Somersby Way City, State, Zip | | 2a. Taxable Amount \$1,200.00 |
| | 7. Distribution Code(s) 7-NONDISABILITY | | | 4. Federal Income Tax Withheld \$0.00 |
| | 9b. Total Employee Contribution \$1,567.00 | | | State 2 10. State Income Tax Withheld NONE |
| | | | | State 1 10. State Income Tax Withheld NONE |



Unemployment Compensation (Line 19)

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | 1 Unemployment compensation | OMB No. 1545-0120 | 2014 Form 1099-G | Certain Government Payments |
|---|--|--|--|-------------------------------|---|
| State Department of Labor 501 Main Street City, State, Zip | | \$ 1,380.00 | | | |
| PAYER'S federal identification number 26-6666666 | RECIPIENT'S identification number xxx-xx-0196 | 2 State or local income tax refunds, credits, or offsets | 3 Box 2 amount is for tax year | 4 Federal income tax withheld | Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name Kevin R. Kent / Mary B. Bryant | | \$ | \$ | \$ 138.00 | |
| Street address (including apt. no.) 8705 Somersby Way | | 5 RTAA payments | 6 Taxable grants | \$ | |
| City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 7 Agriculture payments | 8 If checked, box 2 is trade or business income <input type="checkbox"/> | \$ | |
| Account number (see instructions) | | 9 Market gain | 10a State | 10b State identification no. | |
| | | \$ | | | 11 State income tax withheld |
| | | | | \$ | \$ |

Form 1099-G (keep for your records) www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service

Social Security Benefits (Line 20)

| FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT | | | |
|---|--|--|--|
| 2014 | | • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION. | |
| Box 1. Name Kevin R Kent | Box 2. Beneficiary's Social Security Number 211-XX-XXXX | | |
| Box 3. Benefits Paid in 2014 \$13,682.00 | Box 4. Benefits Repaid to SSA in 2014 \$0.00 | Box 5. Net Benefits for 2014 (Box 3 minus Box 4) \$13,682.00 | |
| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 | |
| Paid by check or direct deposit: \$10,925.20 | | | |
| Medicare Part B premiums deducted from your benefits: \$1,198.80 | | Box 6. Voluntary Federal Income Tax Withholding \$958.00 | |
| Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$600.00 | | Box 7. Address Kevin R Kent 8705 Somersby Way City, State, Zip | |
| Total Additions: \$13,682.00 | | Box 8. Claim Number (Use this number if you need to contact SSA.) | |

Form SSA-1099-SM (1-2012) DO NOT RETURN THIS FORM TO SSA OR IRS



Itemized Deductions (Line 40)

Because of high, unreimbursed medical expenses this year, Kevin wants to itemize deductions and provides the following information:

| | |
|---|-------------------|
| Medical Insurance | \$1,200 |
| Doctor bills | \$653 |
| Hospital bills | \$200 |
| Life insurance | \$1,842 |
| Funeral expenses | \$5,600 |
| Medical mileage | 1,236 total miles |
| Prescription drugs | \$965 |
| Prescription glasses | \$210 |
| Tithes to church | \$1,730 |
| Cash contributions to the American Cancer Society | \$225 |
| Contributions to Putnam Middle School (with canceled checks and receipts) | \$250 |
| Salvation Army (FMV of clothes and TV in good condition) | \$600 |
| Home mortgage interest (from a Form 1098) | \$2,997 |
| County real estate tax (property tax statement based on property value) | \$1,240 |
| City real estate tax (property tax statement based on property value) | \$258 |
| Personal property tax (based on the value) | \$624 |
| Gambling losses (Mary) | \$1000 |
| Speeding tickets | \$375 |
| State sales tax (new car) | \$1,565 |

Credit for Child and Dependent Care Expenses (Line 48)

Kevin and Mary paid the Happy Blessings Day Care Center \$1,100 to watch Terri while they worked. The address is 128 Magical Way, City, State, Zip. Their EIN is 26-8888888.

Education Credits (Line 49) OR Tuition and Fees Deduction (Line 34)

Kevin and Mary paid \$2,750 for Yvonne's tuition. Yvonne spent \$500 on textbooks and \$850 for a new computer which was not a course requirement.

| | | | | | | |
|--|--|---|--|---|--|--|
| <input type="checkbox"/> CORRECTED | | | | OMB No. 1545-1574 | | Tuition Statement |
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Northern Kentucky University Nunn Drive Founders Hall Suite 500 Highland Heights, KY 41076 | | 1 Payments received for qualified tuition and related expenses \$ | | 2014 | | |
| FILER'S federal identification no. 26-9999999 | | STUDENT'S social security number xxx-xx-0196 | | 2 Amounts billed for qualified tuition and related expenses \$ 7,750.00 | | Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service. |
| STUDENT'S name Yvonne Kent | | 3 If this box is checked, your educational institution has changed its reporting method for 2014 <input type="checkbox"/> | | 5 Scholarships or grants \$ 5,000.00 | | |
| Street address (including apt. no.) 8705 Somersby Way | | 4 Adjustments made for a prior year \$ | | 7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2015 <input type="checkbox"/> | | |
| City or town, state or province, country, and ZIP or foreign postal code City, State, Zip | | 6 Adjustments to scholarships or grants for a prior year \$ | | 10 Ins. contract reimb./refund \$ | | |
| Service Provider/Acct. No. (see instr.) | | 8 Check if at least half-time student <input checked="" type="checkbox"/> | | 9 Checked if a graduate student <input type="checkbox"/> | | |
| Form 1098-T | | (keep for your records) | | www.irs.gov/form1098t | | |



Retirement Savings Contributions Credit, Form 8880 (Line 51)

Because Mary contributed to her traditional IRA this year, she may qualify for a Retirement Savings Contribution Credit. However, the Kents took a distribution from their IRA of \$628 and a distribution from Kevin's pension of \$1,295. In figuring the credit, make sure these amounts are accounted for on the Form 8880.

Energy Credits, Form 5695 (Line 52)

The Kents insulated the crawl space of their home for \$175.00 and replaced all their windows with new windows meeting IECC criteria (energy efficiency) at a cost of \$7,450.00 excluding on-site preparation, assembly, or original installation of components. The Kents have not claimed any credits in previous years on the Form 5695.

Self-Employment Tax (Line 57)

Mary must pay the self-employment tax because of her business/self-employment income. Verify that the amount appears on line 57.

First-Time Homebuyer's Credit Repayment, Form 5405 (Line 60b)

Kevin and Mary took the First-Time Homebuyer's Credit in 2008. They still live in the home, and have made the minimum payment amount each year since 2010. They want to make an \$800 payment on their tax return this year.

Health Care: Individual Responsibility (Line 61)

See the ACA Supplement Form for information about the Kents healthcare coverage. They aren't sure if they need to make a shared responsibility payment or not.

Earned Income Credit (Line 64a)

Kevin and Mary may qualify for the EIC. If they do qualify for the EIC, then answer the questions on the EIC schedule and the EIC worksheet.

Additional Child Tax Credit, Schedule 8812 (Line 65)

When the taxpayer does not qualify for the full amount of the Child Tax Credit, TaxWise will calculate the Additional Child Tax Credit on Schedule 8812.

Refundable American Opportunity Credit (Line 66)

Kevin wants to know if they will qualify for the refundable portion of the American Opportunity Credit. Verify the taxpayer data is entered correctly on Form 8863.

Net Premium Tax Credit (Line 69)

Kevin isn't sure if he qualifies for the premium tax credit. He brings Form 1095-A which he received from the Health Insurance Marketplace reporting insurance information for the plan they purchased for Penny (see next page)



Form **1095-A****Health Insurance Marketplace Statement** VOID

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service► Information about Form 1095-A and its separate instructions
is at www.irs.gov/form1095a. CORRECTED**2015****Part I Recipient Information**

| | | | | |
|---|--|---|---|--|
| 1 Marketplace identifier Your State | 2 Marketplace-assigned policy number 5749334 | 3 Policy issuer's name Health Insurance Company | | |
| 4 Recipient's name Kevin Kent | | 5 Recipient's SSN xxx-xx-0196 | 6 Recipient's date of birth 07/28/1941 | |
| 7 Recipient's spouse's name Mary Bryant | | 8 Recipient's spouse's SSN xxx-xx-0196 | 9 Recipient's spouse's date of birth 01/15/1951 | |
| 10 Policy start date 5/01/2014 | 11 Policy termination date 12/31/2014 | 12 Street address (including apartment no.) 8705 Somersby Way | | |
| 13 City or town City | 14 State or province State | 15 Country and ZIP or foreign postal code Zip | | |

Part II Covered Individuals

| | A. Covered individual name | B. Covered individual SSN | C. Covered individual date of birth | D. Coverage start date | E. Coverage termination date |
|-----------|----------------------------|---------------------------|-------------------------------------|------------------------|------------------------------|
| 16 | Penny Bryant | xxx-xx-0196 | 03/17/1949 | 05/01/2014 | 12/31/2014 |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

Part III Coverage Information

| Month | A. Monthly enrollment premiums | B. Monthly second lowest cost silver plan (SLCSP) premium | C. Monthly advance payment of premium tax credit |
|-------------------------|--------------------------------|---|--|
| 21 January | | | |
| 22 February | | | |
| 23 March | | | |
| 24 April | | | |
| 25 May | 196 | 500 | 164 |
| 26 June | 196 | 500 | 164 |
| 27 July | 196 | 500 | 164 |
| 28 August | 196 | 500 | 164 |
| 29 September | 196 | 500 | 164 |
| 30 October | 196 | 500 | 164 |
| 31 November | 196 | 500 | 164 |
| 32 December | 196 | 500 | 164 |
| 33 Annual Totals | 196 | 500 | 164 |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

Form **1095-A** (2015)

Amount You Want Refunded to You (Line 74a)

Kevin wants any refund or debit deposited to or withdrawn from his checking account. He provided you with a copy of a check.

| | |
|--|-----------------------------|
| Kevin Kent 8705 Somersby Way Your City, State, and ZIP Code _____ | 1234 15-000000000 |
| PAY TO THE ORDER OF _____ | \$ _____ |
| _____ DOLLARS | |
| Federal Credit Union City, State, and Zip Code _____ | |
| For _____ | |
| :062005690 :00578965542 | 1234 |

